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MENOPAUSE-TRANSITION JOURNEY IN A WOMAN'S LIFE FROM BEING FERTILE TO INFERTILE: A BRIEF NOTE

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ABSTRACT

Menopause is the stage in a woman's life when her monthly periods stop. It is the end of a woman's reproductive years. Perimenopause is the first stage of this process and can begin eight to 10 years before menopause. Menopause is the point when a woman has not had a menstrual period for at least 12 months. Postmenopause is the stage after menopause. Menopause is the end of a woman's menstrual cycle and fertility. This happens when: Your ovaries no longer make estrogen and progesterone, two hormones necessary for reproduction and Your periods have stopped for 1 year. Menopause naturally occurs with age. But it can also be due to surgery, treatment of some disease or due to some disease. In these cases it may be called induced menopause, surgical menopause, or primary ovarian insufficiency, depending on the cause. Menopause begins around age 51 when it occurs naturally. But it could happen before you turn 40. This is called premature menopause. The age at which you start is mostly determined by your genes.

KEYWORDS: Menopause, Perimenopause, Postmenopause.

INTRODUCTION

Menopause is a stage in life when your periods stop. This is a normal part of aging and marks the end of your reproductive years. Menopause usually occurs in your late 40s to early 50s. However, women whose ovaries have been surgically removed go through "sudden" surgical menopause. Natural menopause -menopause that occurs in your early 50s and isn't caused by surgery or another medical condition -- is a normal part of aging. Menopause is defined as a complete year without menstrual bleeding, in the absence of any surgery or medical condition that may artificially stop the bleeding (such as use of hormonal birth control, overactive thyroid, etc.) As you age, the reproductive cycle begins to slow down and prepares to stop. This chakra has been working continuously since puberty. As menopause approaches, the ovaries produce less of a hormone called estrogen. When this deficiency occurs, your menstrual cycle begins to

change. It may be irregular and then stop. Physical changes can also occur as your body adapts to the different levels of hormones. The symptoms you experience during each stage of menopause (perimenopause, menopause and postmenopause) are part of your body's adjustment to these changes.

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Menopause is an untold, unattainable, reality of life, the cause of which is still not fully understood by man. Menopause is such a mid-life stage that can easily be overcome or make a woman miserable depending on her fate. This stage of life is filled with a lot of myths and taboos.(Kulshreshtha B, Ammini A.,2008). Menopause is an inevitable milestone in women's reproductive life during middle age. The term "menopause" ("mdnespausie") was first used by Garden in the year 1816 (cited in Wilbush, 1979). Initially, the phenomenon of menopause was explained as a lack of ganglion regulatory functions. But, the ovary was later recognized as an endocrine



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organ (Marshall, 1910). From an endocrine point of view, menopause represents a primary ovarian insufficiency and its onset occurs between 40 and 56 years of age, with a mean age of 51 years (McKinley et al., 1985). Natural menopause coincides with the last menstrual period (FMP), and cannot be determined until 12 months of amenorrhea [World Health Organization, (WHO), 1996]. Clinical epidemiological evidence suggests that the likelihood of resumption of menstruation after 12 months of amenorrhea is very low (Brambilla et al, 1989). In the 1990s the World Health Organization (WHO) Scientific Group on Research on Menopause defined 'natural menopause' as the permanent cessation of menstruation due to loss of ovarian follicular activity (WHO, 1996).

Hormonal Changes during Menopause

The traditional changes we think of as "menopause" occur when the ovaries no longer produce high levels of hormones. The ovaries are the reproductive glands that store eggs and release them into the fallopian tubes. They also produce the female hormones estrogen and progesterone as well as testosterone. Estrogen and progesterone together control menstruation. Estrogen also affects how the body uses calcium and maintains cholesterol levels in the blood. As menopause approaches, the ovaries no longer release eggs into the fallopian tubes, and you will have your last menstrual cycle. Menopause is not necessarily a negative experience for every women who is in this stage of her life. There are women going through menopause who do not have any negative symptoms. Nevertheless, approximately 25% of women who have significant symptoms require on-going treatment for extended periods of time (Northrup, 2015). There are also approximately 60% of women in menopause who visit their local physician because of the severity of their symptoms (Gault, 2015). Menopause is not necessarily a negative experience for every women who is in this stage of her life. There are women going through menopause who do not have any negative symptoms. Nevertheless, approximately 25% of women who have significant symptoms require on-going treatment for extended periods of time (Northrup, 2015). There are also approximately 60% of women in menopause who visit their local physician because of the severity of their symptoms (Gault, 2015).

Natural menopause occurs: Phases or Stages

Natural menopause is the permanent end of menstruation that is not brought about by any kind of medical treatment. For women who have gone through natural menopause, the process is gradual and is described in three phases:

- Perimenopause or "menopausal transition":
 Perimenopause can begin eight to 10 years before menopause, when the ovaries gradually produce less estrogen. It usually begins in a woman's 40s, but can also start in her 30s. Perimenopause lasts until menopause, the point when the ovaries stop releasing eggs. In the last one to two years after perimenopause, the decline in estrogen accelerates. At this stage, many women may experience symptoms of menopause. During this time women still menstruate, and they can become pregnant.
- ✓ Menopause: Menopause is the point when a woman no longer has a menstrual period. At this stage, the ovaries have stopped releasing eggs and producing most of their estrogen. Menopause is diagnosed when a woman has gone without menstruation for 12 consecutive months.
- **Postmenopause:** This is the name given to the period of time when a woman has not bleed for a full year (the rest of your life after going through menopause). During this phase, menopausal symptoms, such as hot flashes, may subside for many women. However, some women continue to experience menopausal symptoms for a decade or more after the menopausal transition. As a result of low levels of estrogen, postmenopausal women are at increased risk of several health conditions, such as osteoporosis and heart disease. Medications such as hormone therapy and/or healthy lifestyle changes can reduce the risk of some of these conditions. Since every woman's risk is different, talk to your doctor to find out what steps you can take to reduce your individual risk.

Menopausal Transition: Last

During the last few decades, the world has observed advancement in the field of medicine, technology, and public health. These major achievements, although occurring unevenly on a global scale, have resulted in dramatic increase in life expectancy and burgeoning numbers of older



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individuals (WHO, 1999). In India, during the last 16 vears, there has been a rise in the number of elderly population (aged 45 years and above) and at present, in this country, around 20.1% and 19.3% ofthe women and men respectively Ml in this age group. The numerical increase in population of this age group during the last one and half decades happens to be 3% in females compared to 1.4% in males (UPS, 1995 and IIPS and ORC Macro, 2007). The duration of each stage of the menopausal transition can be different for each person. The average length of perimenopause is about four years. Some women may be in this stage for only a few months, while others will be in this transition stage for more than four years. If you have gone more than 12 months without a period, you are no longer perimenopausal. However, if there are medications or medical conditions that can affect menstruation, it can be more difficult to know the specific stage of the menopausal transition.

Menopause Symptoms

There is significant research describing the many aspects of menopause, including various physical, social and emotional components, symptoms and (Northrup, 2006). treatment options These characteristics play an important role in predicting the severity of menopausal symptoms and also in the reduction of these symptoms. For example, women with limited education present with more pronounced physical and psychosocial symptoms associated with menopause. There are also increased physical symptoms for women who prematurely experience menopause due to disease or bodily changes (Jackson, 1991, as cited by Newhart, 2013).

A women may be transitioning into menopause if you begin to experience some or all of the following symptoms: (Fig.1)

- ✓ Hot flashes (sudden sensation of heat that spreads throughout the body).
- ✓ Night sweats and/or cold flashes.
- ✓ vaginal dryness; Discomfort during sex.
- ✓ Urinary urgency (the need to urinate more often).
- ✓ Difficulty sleeping (insomnia).
- ✓ Emotional changes (irritability, mood swings, mild depression).
- ✓ dry skin, dry eyes or dry mouth.
- ✓ Vaginal dryness and soreness
- ✓ Painful sex
- ✓ Trouble sleeping

Women who are still in the transition to menopause (perimenopause) may also experience:

Many women in the menopausal life stage highlight symptoms associated with menopause as being a major issue leading to health problems, strained relationships and conflict with members in the community (Glazer et al., 2002). The issue is so prevalent that a study of menopausal women revealed 77% of women in menopause were using alternative therapies to treat the symptoms associated with this phase of life. Also, the largest percentage of these women (43%) used these therapies to specifically assist with managing the physical and psychological stressors associated with menopause (Newton, 2002).

- ✓ breast tenderness.
- ✓ Worsening of premenstrual syndrome (PMS).
- ✓ Irregular periods or skipping periods.
- ✓ Menstrual periods that are heavier or lighter than usual.

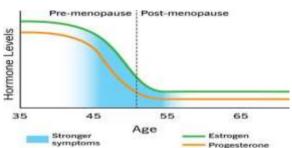


Fig. 1 - As you age, your hormone levels drop. The strongest symptoms of menopause happen during the largest drop in your hormone levels.

Some women may also experience

- ✓ Heart is running fast.
- ✓ Headache.
- ✓ Aches and pains in joints and muscles.
- ✓ Changes in libido (sex drive).
- ✓ Difficulty concentrating, memory loss (often temporary).
- ✓ weight gain.
- ✓ Hair loss or thinning.

These symptoms may be a sign that the ovaries are producing less estrogen, or may indicate increased fluctuations (fluctuations) in hormone levels. Not all women get all of these symptoms. However, women affected by new symptoms of a racing heart, urinary changes, headaches, or other new medical problems



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should see a doctor to make sure there is no other cause for these symptoms.

Hot flashes and duration

Hot flashes are one of the most frequent symptoms of menopause. It's a brief feeling of warmth. Hot flashes are not the same for everyone and there is no definite reason why they happen. In addition to heat, hot flashes can also come from:

A red, glowing face.

To sweat

Feeling of coolness after summer.

Hot flashes not only feel different for each person — they can also last for different periods of time. Some women have short-term hot flashes during menopause. Others may have some sort of hot flash for the rest of their lives. Typically, hot flashes become less severe as time goes on.

There are a few common things in your daily life that can set off a hot flash. Some things to watch include: Caffeine, Smoking, Spicy food, Liquor, tight clothes, stress and anxiety. Heat, including hot weather, can also trigger a hot flash. Be careful when working in hot weather - it can cause hot flashes.

EFFECT OF MENOPAUSE ON PSYCHOLOGICAL HEALTH OF WOMEN

Effect of oestrogen deprivation on psychological symptoms is still a debatable issue. Nico1-Smith (1996) did not find any causal effect of oestrogen deprivation on psychological symptoms. However, another study has established the effect of oestrogen receptor gene on the occurrence of anxiety (Comings et al, 1999) and ability of oestrogen to modulate serotoninergic function which may have an effect on mood (Joffe et al, 1998). Despite the influence of oestrogen on psychological symptoms, determination ofprecise relationship between menopause and mood has been a difficult area to research because of numerous methodological issues (defining menopausal stages, measurements of mood, and confounding factors of age and social changes) (Hunter, 1990; Matthews et ah, 1990; Kaufert et ah, 1992; Dennerstein et al., 1999). Studies showed that depressed mood should not be attributed to the menopausal transition. Instead, features of a woman's life (broader familial and socio-cultural events often of long duration or with concern and stereotypes

about menopausal experience, negative attitude towards aging and role changes) that contribute to secondary symptoms such as anxiety, depression and so on should be considered (Hunter, 1996; Bromberger et al., 2001; Melby et al., 2005; Woods et ah, 2006).

Unfortunately, concentration and minor memory problems can be a normal part of menopause. Although this does not happen to everyone, but it can happen. Doctors aren't sure why this happens. If you are having memory problems during menopause, call your healthcare provider. There are many activities that help stimulate the brain and rejuvenate your memory. These activities may include:

- Do crossword puzzles and other mentally stimulating activities such as reading and math problems.
- Cutting down on inactive activities like watching TV.
- ✓ getting plenty of exercise
- ✓ Keep in mind that depression and anxiety can affect your memory as well. These conditions can be linked to menopause.

During menopause, your body undergoes many changes. There are extreme changes in your hormone levels, you may not be sleeping well due to hot flashes and you may experience mood swings. Anxiety and fear can also run during this time. All these factors can cause depression. If you are experiencing any symptoms of depression, talk to your healthcare provider. During your conversation, your provider will tell you about the different types of treatment and check to make sure there is no other medical condition that is causing your depression. Thyroid problems can sometimes lead to depression.

Menopause can cause a variety of emotional changes, including:

- ✓ Loss of energy and insomnia.
- ✓ Lack of motivation and difficulty concentrating.
- ✓ Anxiety, depression, mood changes and stress.
- ✓ Headache.
- ✓ Aggression and irritability.

All of these emotional changes can happen outside of menopause. Women's probably experienced some of them throughout your life. Emotional changes during menopause can be difficult to manage, but it is possible. Their healthcare provider may prescribe a



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medicine to help you (hormone therapy or an antidepressant). It may also help to know that the emotion you are experiencing has a name. Support groups and counseling are useful tools for dealing with these emotional changes during menopause.

CONCLUSION

Menopause is the period 12 months after a woman's last period. In the years leading up to this point, when women may have changes in their monthly cycles, hot flashes, or other symptoms, they called the menopausal transition. perimenopause. The menopausal transition often begins between the ages of 45 and 55. It usually lasts about 7 years but can last up to 14 years. During the transition to menopause, the body's production of estrogen and progesterone, two hormones made by the ovaries, varies greatly. The bones become less dense, making women more vulnerable to fractures. During this time the body also starts using energy differently, fat cells change and women can gain weight more easily. Menopause can be triggered by a hysterectomy or surgical removal of the ovaries, which produce hormones. If you have had surgery to remove your ovaries or uterus and are not taking hormones, you will experience symptoms of menopause right away. This time in a woman's life is often filled with other transitions-and not just physical ones. Women may care for elderly parents or relatives, carry their children into adulthood, or take on new responsibilities at work. The menopausal transition, sometimes called perimenopause, begins several years before a woman's last period. During this time, women may experience menstrual cycles, hot flashes and other changes. While this time is commonly referred to as "menopause," menopause does not occur until 1 year after the last menstrual period. Post-menopausal women enter menopause. Post-menopausal women are more vulnerable to heart disease and osteoporosis. At this time, it is important to eat a healthy diet and make sure you get plenty of calcium to keep your bones strong. A woman who does not want to become pregnant should continue to use contraception for at least a full 12 months after her last period A healthy diet and regular exercise program will help manage your symptoms and promote your health. This is a great time to end any old, unhealthy habits like smoking or drinking too much alcohol. To help with hot flashes, dress lightly and in layers. Avoid triggers such as caffeine and spicy foods. And if you stay

sexually active, it can help protect the lining of your vagina.

REFERENCES

- Bromberger, J.T., Meyer, P.M., Kravitz, H.M., Sommer, B., Cordal, A., Powell, L., Ganz, P.A. and Sutton-Tyrrell, K. 2001. Psychologic distress and natural menopause: a multiethnic community study. American Journal of Public Health 91: 1435-1442.
- 2. Comings, D.E., Muhleman, D., Johnson, P. and MacMurry, J.P. 1999. Potential role of estrogen receptor gene (ESRGI) in anxiety. Molecular Psychiatry 4: 374-377.
- 3. Dennerstein, L., Lehert, P., Burger, H. and Dudley, E. 1999. Mood and the menopausal transition. The Journal ofNervous and Mental Disease 187: 685-691.
- 4. Gault, A.M. (2015). Health by numbers: Menopause. Quality Health Medical Ctr.
- Glazer, G., Zeller, R., Delumba, L., Kalinyak, C., Hobfoll, S., Winchell, J., & Hartman, P. (2002). The Ohio midwife women's study. Healthcare for Women International, 23, 612-630
- 6. Hunter, M.S. 1990. Emotional well being, sexual behavior and hormone replacement therepy. Maturitas 12: 299-314.
- 7. Hunter, M.S. 1990. Psychological and somatic experience of the menopause: A prospective study. Psychosomatic Medicine 52: 357—367.
- 8. Hunter, M.S. 1990. Somatic experience of the menopause. A prospective study. Psychosomatic Medicine 52: 357-367
- 9. Hunter, M.S. 1996. Editorial: depression and the menopause. British Medical Journal 313: 1217-1218
- International Institute for Population Sciences (UPS). 1995. National Family Health Survey (MCH and Family Planning), India, 1992-1993, Mumbai: UPS.
- 11. Joffe, H. and Cohen, L.S. 1998. Estrogen serotonin and mood disturbance: Where is the therapeutic bridge? BiologicalPsychiatry 44: 798-811.
- 12. Jackson, B.B., Taylor, J., & Pyngolil, M. (1991). How age conditions the relationship between climacteric status and health symptoms in African American women. Research in Nursing & Health, 14(1), 1-9.
- 13. Kaufert, P. and Syrotuik, J. 1981. Symptom reporting at the menopause. Social Science and Medicine 15: 173-184.
- 14. Kulshreshtha B, Ammini A. Hormone replacement therapy. In: Sharma OP, editor. Geriatric care: A textbook of geriatrics



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- and gerontology. 3rd ed. New Delhi: Viva Books Publishers; 2008. pp. 647–50.
- Matthews, K.A., Wing, R.R., Kuller, L.H., Meilahn, E.N. and Plantinga, P. 1994. Influence of the perimenopause on cardiovascular risk factors and symptoms of middle-aged healthy women. Archives of Internal Medicine 154: 2349-2355.
- Matthews, K.A., Wing, R.R., Kuller, L.H., Meilahn, E.N., Kelsey, S.F., Costello, E.J. and Caggiula A.W. 1990. Influences of natural menopause on psychological characteristics and symptoms of middle-aged health women. Journal of Consulting and ClinicalPsychology 58: 345— 351
- 17. McKinlay, S.M., Bifano, N.L. and McKinlay, J.B. 1985. Smoking and age at menopause in women. Annab ofInternal Medicine 103: 305-306.
- 18. McKinlay, S.M., Brambilla, D.J. and Posner, J.G. 1992. The normal menopause transition. Maturitas 14: 103-115.
- McKinley, J.B., McKinlay, S.M. and Brambilla,
 D. 1987. The relative contributions of endocrine changes and social circumstances to depression in mid-aged women. Journal of Health and Social Behavior 28: 345-363.
- McKinley, S.M. and Jefferys, M. 1974. The menopausal symdrome. British Journal of Preventive and Social medicine 28: 108-115.
- 21. Melby, M.K. 2005. Vasomotor symptom prevalence and language of menopause in Japan. Menopause 12: 250-257.
- 22. Melby, M.K., Lock, M. and Kaufert, P. 2005. Culture and symptom reporting at menopause. Human Reproduction Update 11: 495-512.
- 23. Northrup, C. (2006). The wisdom of menopause. New York: Bantam Books
- Newton, K.M., Buist, D.S., Keenan, N.L., Anderson, L.A., & La Croix, A.Z. (2002). Use of alternative therapies for menopause symptoms: results of a population-based survey. Obstetrics & Gynecology, 100 (1), 18-25
- Wilbush, J. 1979. Lza Menespausle: The birth ofa syndrome. Maturitas 1: 145-151
- World Health Organization 1981. Research on the Menopause. World Health Organization Rep.Ser.No.670. World Health Organization: Geneval
- 27. World Health Organization expert consultation. 2004. Appropriate body-mass index for Asian populations and its implications for policy and intervention strategies. The Lancet 1: 157-163.
- 28. World Health Organization. 1996. Research on the Menopause in the 1990s. Report of WHO scientific group, WHO Technical Report Series, 866. World Health Organization: Geneva.

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